



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

July 9, 2012

AFL 12-33

TO: All Health Care Facilities Licensed By the California Department of Public Health Licensing and Certification Program Under California Health and Safety Code Section 1266

SUBJECT: Fiscal Year (FY) 2012-2013 License Renewal Fee Schedule

THIS IS NOT A BILL

The purpose of this letter is to inform you of the Fiscal Year (FY) 2012-2013 license renewal fees as approved by the Governor and effective on July 1, 2012 (See Attachment A).

The FY 2012-2013 fee schedule may be found by accessing the California Department of Public Health (CDPH), Licensing and Certification Program (L&C) website, at www.cdph.ca.gov, then clicking on the "Certificates & Licenses" tab, next click on "Health Care Facilities", finally click on "L&C Current Fiscal Year Health Facilities License Fees".

PLEASE FORWARD A COPY OF THIS INFORMATIONAL LETTER TO THE PERSON OR COMPANY THAT NORMALLY REMITS PAYMENT FOR RENEWAL OF YOUR HEALTH FACILITY OPERATING LICENSE.

Renewal Notices

A renewal notice/application will be sent to your licensee 45-120 days prior to the facility's license expiration date.

It is the responsibility of the facility's licensee to obtain a renewal notice. If you have not received a renewal notice within 45 days prior to your license expiration date; contact the Grant and Fiscal Assessment Unit (GFAU) (See contact information on Page 3).

If you have not received your renewal notice within 15 business days of your license expiration date, either contact GFAU or use the attached fee schedule to calculate the fee amount required for your facility. Do not wait for a renewal notice to pay your license renewal if your current license is expiring within 15 business days.

Mail your payments prior to your license expiration date. California law does not allow for a grace period. All fees must be paid in full on or before the current license expiration date regardless of having received a renewal notice.

Late Payment Penalties

Health and Safety Code Section 1266.5 requires L&C to impose late payment penalties for health facilities and agencies for delinquent license renewal payments. Late payment penalties are statutorily set and cannot be waived. The post office or delivery service postmark dates are used to establish date of receipt.

Medi-Cal Offsets

L&C may, upon written notification to the licensee, offset any moneys owed to the licensee by the Medi-Cal program or any other payment program administered by CDPH, to recoup the license renewal fees and any associated late payment penalties.

Provisional Licenses

For those facilities currently holding a provisional license, L&C will extend all provisional licenses into November that expire between June 30th and October 30th each year. Licensees of these facilities should have received a letter from our department approximately June 1st stating that your license has been extended into November unless your provisional license has been effective for less than six months.

If your provisional license is more than six months old and expires after October 30, 2012, you should receive a renewal notice within 45-120 days of the current license expiration date.

How to Complete Your License Renewal

1. Ensure that the number of beds/facilities (if applicable) is correctly listed on your renewal fee page. Contact your local District Office immediately if these figures are incorrect.
2. Clearly print all license numbers that your payment will cover on the front of any payment.
3. Cut off the bottom portion of the renewal notice fee page for each facility you will be paying for and include them in the payment envelope/package.
4. Mail the application portion of the renewal notice to the local District Office as indicated on the bottom of Page 3 of the application. Do not mail to GFAU as this may delay receipt of your license. GFAU will not be responsible for lost applications.
5. Be sure to address your envelope/package using one of the GFAU payment addresses listed below. These addresses have changed in recent years.
6. It is strongly suggested that licensees use a mailing method that includes the ability to track the status of mailed payments.

7. To prevent delays in obtaining the renewed license, mail only the renewal payment to L&C, GFAU at one of the addresses below:

Normal Mailing Address	Delivery Service Mailing Address
California Department of Public Health Licensing and Certification Program Grant and Fiscal Assessment Unit MS 3202 P.O. Box 997434 Sacramento, CA 95899-7434	California Department of Public Health Licensing and Certification Program Grant and Fiscal Assessment Unit MS 3202 1615 Capitol Avenue, Suite 73.481 Sacramento, CA 95814-5015

8. Allow 4-6 weeks for processing of your license due to heavy workloads.

Contact Information for GFAU

Email: **RCollection@cdph.ca.gov**

Main Phone Number: (916) 552-8700 or (800) 236-9747.

Sincerely,

Original Signed by Debby Rogers

Debby Rogers, RN, MS, FAEN
Deputy Director
Center for Health Care Quality

Attachment

ATTACHMENT A

LICENSING & CERTIFICATION PROGRAM LICENSE FEES 2012/13
Effective: July 1, 2012

Facility Type	Fee Per	Amount
Acute Psychiatric Hospitals (APH)	Bed	\$266.58
Adult Day Health Center (ADHC)	Facility	\$4,164.92
Alternative Birthing Center (ABC)	Facility	\$2,975.24
Chemical Dependency Recovery Hospital (CDRH)	Bed	\$191.27
Chronic Dialysis Clinic (CDC)	Facility	\$3,578.29
Community Clinic (COMTYC or Free Clinic (FREEC)	Facility	\$718.36
Congregate Living Health Facility (CLHF)	Bed	\$312.00
Correctional Treatment Center (CTC)	Bed	\$573.70
District Hospital with <100 beds	Bed	\$266.58
General Acute Care Hospital (GACH)	Bed	\$266.58
Home Health Agency (HHA)	Facility	\$4,315.47
Hospice (HOSPICE) (2-Year License Total)	Facility	\$4,641.96
Intermediate Care Facility (ICF)	Bed	\$312.00
Intermediate Care Facility – Developmentally Disabled (ICF/DD)	Bed	\$580.40
Intermediate Care Facility – Developmentally Disabled – Habilitative (ICF/DD-H)	Bed	\$580.40
Intermediate Care Facility – Developmentally Disabled – Nursing (ICF/DD-N)	Bed	\$580.40
Pediatric Day Health Respite Care (PDHRC)	Bed	\$188.01
Psychology Clinic (PSYCHC)	Facility	\$1,476.66
Referral Agency (REFRLAG)	Facility	\$4,368.01
Rehabilitation Clinic (REHABC)	Facility	\$259.35
Skilled Nursing Facility (SNF)	Bed	\$312.00
Special Hospital (SPHOSP)	Bed	\$266.58
Surgical Clinic (SURGC)	Facility	\$2,487.00